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Activity and Culture: the Contribution to Health and Well-being in Later Life

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Project team:

Josephine Tetley, Gail Mountain, Amanda Clarke, Janet James and Janet Wilson: Sheffield Hallam University and Sheffield University

Chris Hockney and Julie Gamble: Sheffield Homes

Contact details:

j.w.tetley@shu.ac.uk

Summary of project

A nurse-led multi-agency team worked with older people to develop a model of activity and culture, and evaluate its impact to health and well-being. Underpinned by a needs analysis, the project sought to identify the range of activities that older people used to engage in, currently undertake and what they aspire to engage with both inside their home and in the community.

Initial findings revealed that lack of confidence, restricted opportunities and physical barriers such as transport, limited tenants' involvement with physical, social and cultural activities that could improve their health and well-being. The project has therefore aimed to develop a more diverse and accessible programme of activities that better reflects individual and collective needs.

Following early positive evaluations, the project team are now considering how the centre could be accessed by, and benefit, a wider group of community dwelling older people and would hope to collaborate with other groups to explore how this model can be developed for use with a wider range of older people.

Background

An increasing body of research evidence confirms that morbidity and early mortality can be significantly limited if a full range of preventive strategies are employed with older people (de Jong-Gierveld and van Solinge, 1995; Health Development Agency, 1998). The current focus of

prevention is, however, on increasing levels of physical activity. In contrast, a robust population study has demonstrated that survival of older people is improved by participation in a range of social and leisure activities as well (Glass *et al*, 1999). A more insidious consequence of lack of engagement is the impact upon mental wellbeing as without sufficient participation in activities that involve physical and sensory stimulation, older people are more at risk of becoming withdrawn, leading to boredom and depression (Heath and Phaire, 2000).

Older people with disabilities can have practical difficulties accessing opportunities for engagement in physical, social and cultural activities (Midwinter, 2004). In turn this can lead to increased marginalisation and social exclusion (Housing Corporation, 2002), as well as the erosion of confidence in abilities. Older people living in sheltered care schemes are within this group of older people who are at risk of social exclusion. The project team were therefore interested to explore whether the subjective health status of tenants could be improved by developing the environment so that engagement in activities is promoted, particularly through the fostering of supported activities (Kingstone *et al*, 2001).

In terms of addressing the above issues, much may be learned from our European neighbours such as Sweden. In 2003, a team of health and social care workers from a large city in the north of England visited a community based supported accommodation unit for older people in Gothenburg. During the visit, the team observed the work of an Activity and Culture Centre, based in the communal areas of the home. The resources and activities demonstrated to the team brought to our attention the ways in which community based homes could work more closely with the local community, as well as other statutory services; in order to deliver a creative range of physical, social and cultural activities to residents and members of the local community. The benefits of ventures such as this are supported by Fisk (2000) who argues that they can help to build bridges between the home and the community and across generations; counteracting the criticism that communal housing for older people tends to segregate them from the external community.

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Aim of the project

The aim of this project was therefore to work in partnership with older people, living in sheltered accommodation, to develop a creative and diverse programme of activities that had the potential to have a positive impact on the overall health and well-being of the tenants who participated in the project by:

- undertaking a needs analysis to determine what occupations and activities older people consider may be beneficial to their overall health and well-being
- developing and implementing a programme of activities based on the needs analysis
- evaluating the programme to determine the extent to which the activities met people's needs and the impact on tenants overall health and wellbeing

Methods

The project team approached a social housing agency, which provides sheltered housing, and put forward the idea of working with tenants to develop an activity and culture project. Following initial discussions a sheltered housing scheme was identified as a pilot site for this work as the warden and tenants expressed the greatest interest in taking part in this work.

A pluralistic (multi method) approach (Gerrish, 2001; Hart, 1999) was used to establish and evaluate the programme. The methods of data collection included:

- A survey of people's past, current and future desires for engagement in activities
- Individual interviews with older people and workers as appropriate, to capture a range of individuals' perspectives that may not be accessed by the survey
- Focus groups to evaluate:
 - Whether participants' perceived that engaging in the programme had impacted on their health and well-being
 - How well the programme had met individual's aspirations

Prior to commencing the project and interviewing the tenants the project team obtained ethical and research governance approval.

The activity and culture programme

All 27 tenants living in the scheme were sent a letter outlining the project and asking people to attend an introductory meeting. Following this initial approach, nineteen people aged 65 to 94, three men and sixteen women, attended a meeting with the project leader, a second member of the research team and the warden from their sheltered scheme. The meeting took place in the communal living area of the sheltered housing scheme, as this was the area where people came together to socialise. Those present were given preliminary information about the proposed project and encouraged to ask questions.

As a result of this consultation process, ten tenants agreed to complete a questionnaire. This was

constructed from the literature to give a broad overview of their interests. In addition, all nineteen people who were interested in the project agreed to be interviewed as part of the needs analysis to identify individual aspirations for the activity programme.

The analysis of the questionnaire and interviews revealed that people were interested in pursuing, or continuing, activities that could be mapped against four main categories: Physical; Art and Craft; Cultural and Social (Tetley and Mountain, in press). The proposed programme put forward to the tenants therefore included:

- a greenhouse and gardening project
- gentle exercise sessions such as chair aerobics, tai chi and accompanied walking
- a pottery workshop
- art and craft sessions led by a local artist
- a falls prevention workshop
- trips out to the theatre, local areas of interest such as the botanical gardens and local sports events
- themed social functions which would include food and music
- a visit to a local literary event for one person who had a specific interest in poetry and writing

These suggestions were positively received by the tenants. Over a one year period funding obtained for the project was used to implement this agreed programme.

Evaluating the programme

Focus groups were conducted halfway through and at the end of the programme. Five tenants were asked to volunteer on each occasion and put forward their views about the activities. Given that the activities had been organised around people's expressed interests it was not surprising that the programme overall was well received. People did, however, make comments about specific activities. For example, Mrs Lacey (pseudonym) had particularly enjoyed the pottery painting workshop. In the focus group she said:

I thought it was interesting. I'm proud of my elephant

She later showed the team how she had put her plate in her china cabinet.

When we spoke about the trip to the botanical gardens Mrs Crookes (pseudonym) said how the trip was:

lovely, it was a lovely day as well

At the end of the project the tenants were asked to pick 30 pieces of work from the arts and craft sessions that they had participated in. These were then framed and hung in the communal area. When people were asked about the display of their art work they commented it:

[Was a] wonderful job between you there. Wonderful.

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*Tak[en] that plainness off, looks as if
somebody lives here now*

When people were asked about the programme overall they said:

You can always learn more can't you

It encourages you more doesn't it?

It keeps me going coming up here

The project team were, however, conscious that as they had provided funding for many of the activities it might be difficult for people to express any criticisms. It was therefore important to work at building up a good relationship with the tenants so that they could be honest about their enjoyment of the project activities. It was encouraging then to find that in the final focus group people felt able to say what would have made the Italian evening more enjoyable for them. The themed evening was set up in the communal area, but on the night the room was very full as equipment had been brought in to project pictures and play music. This limited the space for other activities such as dancing. This clearly disappointed Mrs Crookes (pseudonym) who commented that:

*Well you said there were going to be a little bit of
dancing and music. Well there were no dancing.
We didn't get it. We didn't get dancing and music.*

The project team had also booked external caterers for the event and asked them to provide Italian food. Whilst many people ate the food, this wasn't to everyone's taste. In the focus group one woman told the project team members that they:

'didn't like the food'.

After this comment was made another older woman said:

*'We're used to sandwiches and that aren't we?
You've got to like spicy food haven't you dear?'*

These comments reinforced the importance of ensuring that all activities should be able to cater for diverse tastes and interests.

It was also interesting to note that the indoor activities in winter were particularly important as a comment was made about how in:

*spring if people are able to go out they go out,
and summer, you know. I do think that winter is
the time that we need to bring something in here.
More so than spring and summer.*

Mrs Crookes (pseudonym) had also been very unwell through the winter but had still joined in the activities. She explained they were important as they gave her:

*A break from the four walls. And I do think in the
winter, you sort of think about it[her health] more.
Whereas if you're talking to somebody else that
takes it off.*

Discussion

The importance of healthy ageing has been on the political agenda over recent years, with the National Service Framework (NSF) for Older People, with Standard 8 requiring health and social care services to promote 'health and active life in older age through a co-ordinated programme of action.' p14 (Department of Health, 2001). A recent review of the NSF for older people, however, identified that this target has not been met across most of the UK (Commission for Healthcare Audit and Inspection, 2006). As a result, the most recent NSF implementation plan continues to emphasise the importance of healthy ageing and has made this one of its key themes (Department of Health, 2006). Whilst an active and engaged later life is seen as positive, the reasons for people choosing to continue with, or stopping, certain activities in older age are complex. However, changes to individual capacity and/or opportunities can easily reduce opportunities for participation (Agahi and Parker, 2005; Berger *et al.*, 2005). This is further compounded by outdated assumptions about the needs and capacities of older people (Biley, 2002), which often leads to restrictions being placed upon the nature of the activities offered. Midwinter (2004) further points out that many older people are additionally deprived of opportunities to participate in activities because they fear they may be too difficult, expensive or difficult to access.

An initiative focussed on the development of activity and culture in an older persons communal housing scheme is also important as current government policy which has a stated vision to; 'ensure that older people are enabled to remain active and independent for as long as possible' (Office of the Deputy Prime Minister, 2006: p13). Moreover, it is well recognised that the health, well-being, independence and quality of life of older people are affected by the environment in which they live and the activities in which they are able to participate (Heath and Phaire, 2000; McLean, 2004; Midwinter, 2004; Office of the Deputy Prime Minister, 2005). An initiative such as this which worked with older people living in an age specific sheltered housing community is particularly important as it has been found that subjective health status can be improved, if the environment promotes autonomy, independence and encourages the development of peer support networks (Kingstone *et al.*, 2001). The development of physical and cultural activities, within a sheltered housing complex, can also make a positive contribution to the health and well being of individual older people and the community as a whole as; without sufficient participation in activities that involve physical and sensory stimulation, older people are more at risk of becoming withdrawn, leading to boredom and depression (Heath and Phaire, 2000). For older people who are not able to independently access activities, there

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are currently limited opportunities to regularly engage in physical, social and cultural activities (Midwinter, 2004), which has led to increased social exclusion of this group (Housing Corporation, 2002).

The findings of this project identified that older people, living in an age related sheltered community were not accessing a wide range of activities, primarily because they had lost some of their confidence or did not know how to access activities and resources. Despite this the interviews revealed that older people of all ages, wanted to take part in activities that they could enjoy but that would also help them maintain their health and engage with others.

Whilst this project was positively evaluated by the people who took part, the project team felt that working in partnership with the tenants to develop the programme was the key to the success, as this gave people the opportunity to say what activities they wanted and felt they could manage. The project also aimed to access activities that were not expensive so that tenants could continue with the activities when the project funding ceased.

Conclusion

Nurses have not traditionally led the development of activity programmes for health. This project has, however, demonstrated that by developing creative partnership working outside of traditional networks that includes workers from the arts, leisure and voluntary sector nurses can work more effectively to promote health and wellbeing amongst older people.

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32 Buckingham Palace Road

London SW1W 0RE

Tel: 020 7233 5750

Fax: 020 7233 5759

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